

Auburn Office
3091 County Center Dr. #180,
Auburn CA 95603
(530) 745-2300
Fax (530) 745-2370



Tahoe Office
565 West Lake Blvd.
Tahoe City CA 96145
(530) 581-6240
Fax (530) 581-6242

**Information to Accompany a
Well Construction/Destruction Permit Application
Solid Waste Program**

1. The attached monitoring well permit application(s) can only be approved in conjunction with a previously approved work plan or a work plan submitted with the permit application.
2. The following information must be included in a work plan:
 - A scaled plot plan showing the property lines; location of all proposed wells; all underground utilities such as water lines, sewer lines, leachfields, telephone lines and electrical conduits and all structures on the property.
 - A rationale for the number, location, construction details and depths of the proposed wells. The rationale must include a brief discussion of the site geology, hydrogeology, potential sources of contamination and other pertinent information.
 - Construction details of each well including materials proposed, screening intervals, annular seal particulars and wellhead protection details.
 - Complete details of all soil, gas and/or water sampling to be performed including collection method, analysis proposed and the name of the certified laboratory to be used.
3. One application is to be completed for up to 6 proposed groundwater or gas monitoring wells. The well identification number shown on the plot plan must coincide with the well designation number shown on the permit application.
4. The required permit application fee must accompany each application*. The fee required at the time of application will be based on two hours of time. As of July 1, 2006 the hourly rate is \$122.00 per hour. Thus the fee per well would be \$244.00. This fee includes the cost of site review and construction inspections. If additional time is needed to review the application the applicant will be billed the appropriate amount. Although a work plan and individual permit application will be required, no permit fees will be charged for gas extraction or vadose (lysimeter) wells. *If at a permitted solid waste facility subject to routine billing by this department, up front fees will not be necessary but will be incorporated into normal billing.
5. All information requested in the work plan and on the permit application is important to this office. Incomplete work plans and/or permit applications will be returned unapproved.
6. It is the responsibility of the applicant to submit any work plans and applications necessary to obtain the approval from other concerned agencies such as the Placer County Air Pollution Control District, the California Integrated Waste Management Board and the California Regional Water Quality Control Board – Central Valley Region.

Receipt #: _____

Amt _____

Check # _____

By: _____

Date: _____

TO BE FILLED OUT BY
ENVIRONMENTAL HEALTH DEPT

Placer County
Department of Health and Human Services
Environmental Health Services
3091 County Center Dr., Suite 180, Auburn CA 95603 (530) 745-2300
Tahoe Office: P O Box 1909, Tahoe City CA 96145 (530) 581-6240

UST/SOLID WASTE PROGRAMS
Permit Application for:
WELL CONSTRUCTION/DESTRUCTION

1. SR # _____

2. SR # _____

3. SR # _____

4. SR # _____

5. SR # _____

6. SR # _____

TO BE FILLED OUT BY ENV. HLTH DEPT

*****WELL DESIGNATIONS AS SHOWN ON PLOT PLAN*****

1. Well ID	2. Well ID	3. Well ID
4. Well ID	5. Well ID	6. Well ID

Project Name	Project Address	Location
Well Owner (project owner)	Well Owner Address	Telephone
Consultant's Name	Consultant's Address	Telephone
Consultant's Registration		

If the well is to be located on ADJOINING OR NEARBY PROPERTY owned by another person, you must have that off-site property owner complete the acknowledgement below or attach copies of access agreements/encroachment permits.

ACKNOWLEDGEMENT OF OFF-SITE PROPERTY OWNER

I have read this application form and I approve of the construction of this proposed well

Offsite Well Address	
Property Owners Name and Address	Telephone
Property Owners Signature	Date

SUBMITTED SIGNATURE MUST BE ORIGINAL

Please indicate type of well:

- | | |
|---|--|
| <input type="checkbox"/> Groundwater Monitoring | <input type="checkbox"/> Exploratory Boring /Hydropunch/Geoprobe (indicate how many) _____ |
| <input type="checkbox"/> Water Extraction | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Vapor Extraction | <input type="checkbox"/> Well Destruction |
| <input type="checkbox"/> Gas Probe | <input type="checkbox"/> Vadose/Lysimeter |

PURPOSE OF WELL (if not explained in workplan) _____

Construction Specifications:

- ☐ Workplan Attached
- ☐ Workplan Previously Submitted - Workplan date _____
Prepared by _____

**DRILLING CONTRACTOR
INFORMATION AND CERTIFICATION**

Project Name: _____
Drilling Company Name: _____ C-57 License No. _____
Drilling Company Address: _____ Phone # (____) _____
Fax # (____) _____

A. NOTICE TO DRILLING CONTRACTOR: The Environmental Health Division shall be notified at least 48 hours in advance of drilling to schedule the REQUIRED inspections.

B. DRILLING CONTRACTOR'S WORKERS COMPENSATION DECLARATION
(ONE of the following three boxes must be completed)

- ☐ 1. A certified copy of Worker's Compensation Insurance is hereby furnished.
- ☐ 2. A current effective certificate is filed with Placer County Building Department or Environmental Health Division.
- ☐ 3. I certify that in performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the California Worker's Compensation Act.

C. If well is located in or may otherwise obstruct public right-of-way, an encroachment permit is required.

D. Location and clearance of underground and aboveground utilities is the responsibility of the permittee.

I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS (A, B & C) AND CERTIFY THAT ALL RELEVANT ACTIVITIES WILL BE PERFORMED IN COMPLIANCE WITH THESE STATEMENTS AND APPLICABLE CODES AND REGULATIONS. I HAVE SHOWN ALL EASEMENTS ON THE PROPERTY.

Well Drilling Contractor Signature _____ Date _____

FOR OFFICIAL USE ONLY

☐ RWQCB Concurrence Received

This permit is issued subject to the following conditions. If these conditions are not satisfied, this approval/permit is null and void.

1. Monitoring wells shall be destroyed as required by the Environmental Health Division or R.W.Q. C. B.
2. Monitoring wells shall be capped and locked at all times except during sampling.
3. This permit expires one (1) year after date of issuance, but may be renewed for a fee if application is made PRIOR to expiration date.
4. All wells shall be constructed/destroyed pursuant to the standards set forth in the State of California Water Well Standards, Bulletin 74-90.

When signed by Placer County Environmental Health Division authorized representative, the application constitutes a PERMIT TO CONSTRUCT the subject well as herein specified:

Permit Issued by: _____ Date _____

Seal Inspection Date: _____ Comments: _____